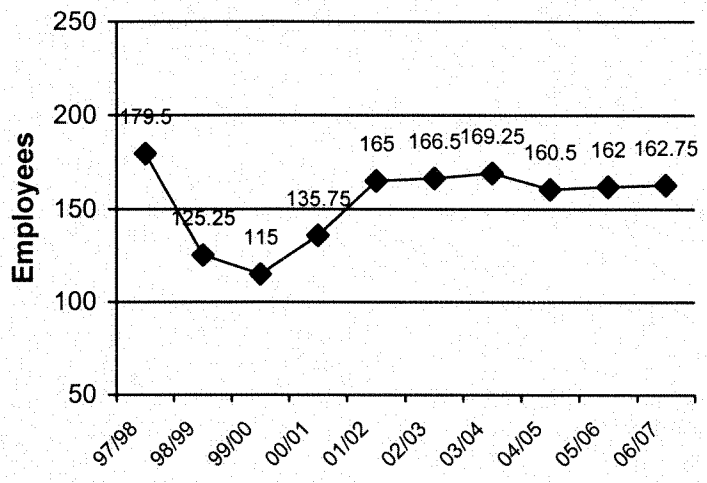
MISSION STATEMENT

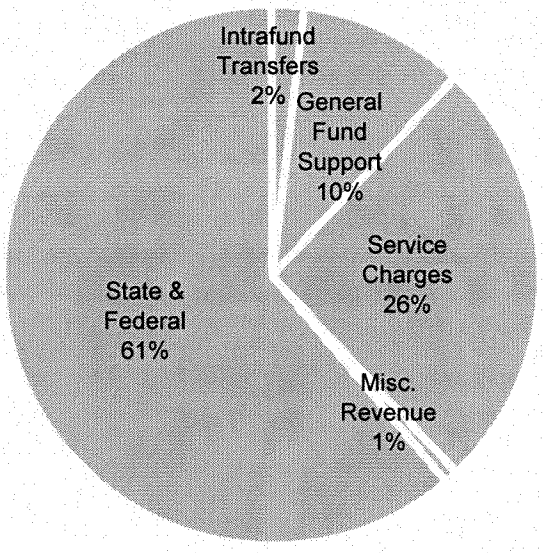
The San Luis Obispo County Public Health Department improves and maintains community health by identifying health issues, preventing disease and injury, influencing policy development and promoting healthy behaviors through leadership, collaborative partnerships, education, direct services, and surveillance.

Financial Summary	2005-06 Budget	2005-06 Projected	2006-07 Requested	2006-07 Recommended	Change From 2005-06
Revenues	$ 17,693,332	$ 18,198,808	$ 17,510,268	$ 17,858,564	$ 165,232
Salary and Benefits	13,971,522	13,701,416	14,264,460	14,476,764	505,242
Services and Supplies	5,077,359	5,469,465	5,005,372	4,986,336	(91,023)
Other Charges	750,909	1,030,843	876,775	876,775	125,866
Fixed Assets	26,300	156,750	0	0	(26,300)
**Gross Expenditures	$ 19,826,090	$ 20,358,474	$ 20,146,607	$ 20,339,875	$ 513,785
Less Intrafund Transfers	287,950	314,858	381,047	381,047	93,097
**Net Expenditures	$ 19,538,140	$ 20,043,616	$ 19,765,560	$ 19,958,828	$ 420,688
General Fund Support (G.F.S.)	$ 1,844,808	$ 1,844,808	$ 2,255,292	$ 2,100,264	$ 255,456

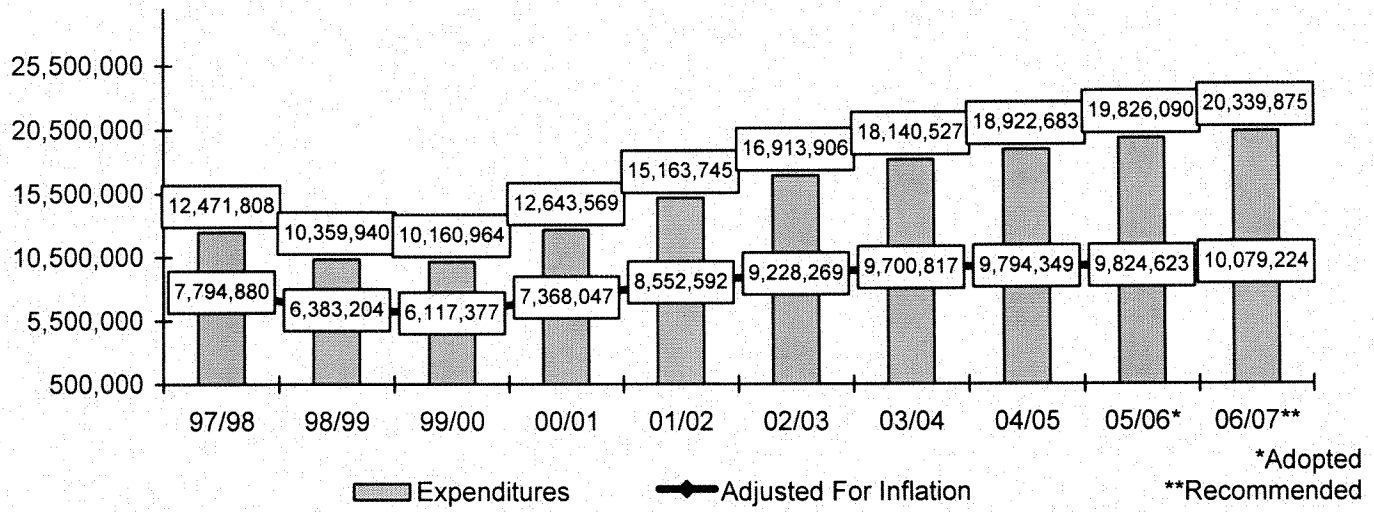
Number of Employees
(Full Time Equivalent)



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Community Health Services

The Community Health Services Division works with the community to improve health by providing education, analysis, and direct prevention services. The Division administers programs of, tobacco prevention, AIDS prevention and case management, public health laboratory, vital records and law enforcement medical care.

Total Expenditures: $4,713,284 Total Staffing (FTE): 33.0

Environmental Health Services

The Environmental Health Division is responsible for protecting public health by preventing exposure to toxic substances, disease, unsanitary conditions and other environmental hazards.

Total Expenditures: $2,997,124 Total Staffing (FTE): 26.5

Family Health Services

The Family Health Services Division provides a variety of health services to the residents, including clinical, immunizations, communicable disease surveillance and control, comprehensive case management, parenting, counseling, educational and follow-up health services.

Total Expenditures: $10,245,491 Total Staffing (FTE): 88.25

Public Health Administration

Administrative and fiscal oversight for all Public Health divisions including Health Systems and the Law Enforcement Medical Care Program. Enforcement of health and safety codes, protecting and preserving the publics health as well as personnel management, procurement functions, contract administration, facilities management and information systems support are included.

Total Expenditures: $2,383,976 Total Staffing (FTE): 15.0

DEPARTMENT COMMENTS

KEY ACCOMPLISHMENTS FOR THE PUBLIC HEALTH DEPARTMENT

CUSTOMER SERVICE

Public Health has increased the services and information provided to the entire population by:

- Developing a hotline for information on current health issues such as the whooping cough outbreak and flu vaccine services;
- Providing information and services to clients with limited English proficiency by hiring bilingual staff and providing informational documents in Spanish as well as English;
- Expanding the information on the website and reorganizing the information into a service-oriented format.

Public Health, along with the collaboration of multiple community partners, facilitated the planning and development of a Children's Assessment Center to evaluate, refer, and treat young children showing early signs of emotional or social development problems.

Goals for FY 06-07:
1) Improve opportunities for Medi-Cal recipients for specialty care and for a "medical home" through implementation of Medi-Cal Managed Care by June 30, 2007.
2) Expand the utility of the website through access to more program information, credit card payment for more services, and the ability to submit application/forms online.
3) Assist in implementation of a syringe exchange program to reduce the incidence of HIV, AIDS and Hepatitis C.

INTERNAL BUSINESS IMPROVEMENTS

Automation has reduced the number of hours staff spend documenting processes and services:
- Tablet computers are used in the field by HAZMAT Environmental staff to perform and document inspection findings and provide a copy on site to the inspected facility.
- Increased use of the County Immunization Registry by physicians and schools facilitates appropriate immunizations and avoidance of repeat unneeded immunizations.
- Forms, links, and payment for increasing number of services are available through the website, streamlining the flow of accurate information with reduction in staff time.

Goals for FY 06-07:
Major goals in the coming year will be to expand the use of automated field inspection systems and to increase the utility of the website to perform transactions.

FINANCES

The Public Health Department has taken multiple steps to ensure that services are provided at the least cost possible:
- The Public Health Lab expanded its client base in the community, thereby increasing testing volume and revenue, reducing the net County cost for that cost center.
- The operation of the clinical lab was analyzed, and its closure was recommended and approved. Through the County's existing contract with Community Health Centers, a private lab is providing these clinical lab services, eliminating the $552,000 General Fund subsidy.
- Additional Public Health and other County departments have been added to the Medi-Cal Administrative Activities (MAA) claiming process, obtaining more federal money that supports existing or augmented activities to link services to Medi-Cal recipients, thereby improving health and offsetting General Fund support by leveraging outside resources.

Goals for FY 06-07:
1) Evaluate fees to maximize client support of Public Health activities where this would not jeopardize participating in programs that protect public health and safety.
2) Continue to leverage non-County funds to increase services to clients with health needs. Increase Medi-Cal Administrative Activities revenue by 5% by adding new organizations into the claims process.
3) Identify grant opportunities and apply for funds that enhance the public's health.

LEARNING AND GROWTH
- Public Health successfully used the "train the trainer" methodology to incorporate the new Enterprise Financial System for fiscal and personnel tracking.
- Staff in two divisions was cross-trained to allow redirection for response to unexpected and disaster situations. Duplication of inspectors has been avoided by sending one employee to perform multiple inspection services.

Goals for FY 06-07:
1) Implement High Performance Management System by July 1, 2007.
2) Increase awareness of Public Health and County communitywide results and indicators by 20% as measured by the Employee Opinion Survey and assist each employee to link their work to one or more County communitywide goals.
3) Increase the communication of Public Health activities and results with staff and community by expanding the quarterly Public Health bulletin to a larger audience, including all Public Health staff.

RECOMMENDED BUDGET AUGMENTATION REQUESTS AND RELATED RESULTS

Unit /Amount	Description	Results
Gross: $103,181 General Fund Support: $0	0.5 Public Health Nurse 0.5 Senior Public Health Nurse The purpose of the Children's Assessment Center is to identify the use of alcohol or drugs during pregnancy, which can significantly impact the development of a child. The assessment center will assess, develop a treatment plan, and provide access to services for children ages zero to five who are at risk for developmental or mental health problems.	These positions are proposed in order to support the Children's Assessment Center. The Economic Opportunity Commission will oversee the operation of this center and will contract with the Department of Public Health for the positions noted. The assessment center has a number of targeted results, a few of which are noted here (for additional explanation of the assessment center see the comments noted below). o 450 children will be screened into the center in the first full year of operation. o 100% of children will be assessed within 30 days of intake. o 95% of a random sample of children will have *Ages & Stages Questionnaire* scores that indicate improvement. o 75% of a random sample of children will demonstrate improvement as measured by standardized instruments and clinical assessment.
Gross: $102,293 General Fund Support: $0 Funded with Administrative Enforcement Order revenue	1.0 Environmental Health Specialist to support the Certified Unified Program Agency (CUPA), which monitors facilities and businesses with respect to hazardous waste and enforces corrective actions for violations.	• Implement the Universal Waste Program • Increase program inspections by 300 facility inspections in the first year (increasing to 350/year after training is complete). • Return the violation correction rate to better than 90%. • Increase Administrative Enforcement Order collections by 15%.
Gross: $35,286 General Fund Support: $0 Funded with Bioterrorism and MediCal Administrative Activity revenue	Increase a limited term 0.5 Administrative Services Officer position to 1.0 to support Bioterrorism, MediCal, and Health Agency wide reporting.	• State mandated Bioterrorism reporting requirements will be met. • New reports will continue be established in the County's relatively new SAP financial system in order to support the Health Agency's many reporting requirements to a number of state and federal agencies.
Gross: $25,289 General Fund Support: $0 Funded with State CCS revenue	Add a 0.25 Physical/Occupational Therapist II position to support the California Children's Services (CCS) program. This position will serve as the liaison between the County, the Special Services Division of the Department of Education, and the Department of Health Services.	• Comply with the terms of the Interagency Agreement between the Department of Health Services and the California Department of Education. • Coordinate Medical Therapy • Avoid having a therapist who treats patients perform this mandated activity. If this were to occur, a private practitioner would have to provide the service at a cost to the County of $25,700. Thus, this budget augmentation will result in a cost avoidance of $25,700.

Unit /Amount	Description	Results
Gross: $51,238 General Fund Support: $0 Funded with MediCal Administrative Activity (MAA) revenue	Add a 1.0 Accounting Technician to support billing and reporting activities for the MediCal Administrative Activity, and Targeted Case Management program.	• Will reduce the amount of time spent by the Program Coordinator on reporting and billing, thereby allowing the Program Coordinator to conduct audits. Currently, auditing requirements are not being met and MediCal funding is at risk. • Enable 8 new claiming units to receive MediCal revenue (a claiming unit is a County department, school, or community based organization). All MAA revenue claims must pass through the Public Health Department.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support is recommended to increase by approximately $250,000 or 13%. Total revenues are flat as they are budgeted to increase by approximately $165,000 or less than 1%. The increase in General Fund support is necessary in order to keep up with inflationary and other programmatic increases as total expenses are budgeted to increase approximately $420,000 or 2%. The budget augmentation requests (BARs) that are noted above are revenue offset and do not increase the level of General Fund support for Public Health.

The California Children's Services (CCS) program is significantly impacting the revenues and level of General Fund support for this fund center. In FY 05-06, State revenue for the CCS program was over budgeted by approximately $500,000. The updated revenue projections for the 06-07 fiscal year include a $380,000 or 24% reduction as compared to 05-06. Options other than increasing the level of General Fund support for this program for 06-07 were evaluated, however, they would have resulted in the closure of several of the Medical Therapy Units and a major reduction in the services provided to children. Hence, the program cuts are not recommended as part of this budget. Public Health staff is continuing to review and analyze the financial and programmatic mandates related to this program in order to better determine the level of General Fund support required in the future.

In addition to the higher level of General Fund support, it is recommended that $360,989 of Social Services Sales Tax realignment revenue also be utilized to mitigate revenue losses and expenditure increases in Public Health. Based upon caseload growth statistics produced by the State, $172,500 of Social Services Sales Tax realignment revenue should be allocated to the CCS program. Hence, $188,489 is provided above the minimum requirement. Note that the Public Health department believes the caseload statistics for the CCS program are understated and they are planning to address this concern with the State.

As noted in the first budget augmentation above, a new Children's Assessment Center will begin operating during the 06-07 fiscal year. The center is the result of collaboration between many members of the community including members of the County Board of Supervisors, several County Department Heads and staff, several community based organizations, and Dr. Ira Chasnoff and Associates. In summary, the purpose of the assessment center is to identify the use of alcohol or drugs during pregnancy, which can significantly impact the development of a child. The assessment center will assess, develop a treatment plan, and provide access to services for children ages zero to five who are at risk for developmental or mental health problems. The Economic Opportunity Commission will serve as the lead agency for the operation of the center. The center has many sources of funding, including money from the County General Fund in the amount of $500,000 over two years.

Lastly, the entire Health Agency is in the midst of a reorganization, which is proposed to take effect at the start of the 06-07 fiscal year. The reorganization will result in savings of just under $200,000 in salaries and benefits. The changes to the staffing plans for the Health Agency are reflected in the Public Health, Mental Health Services, Drug & Alcohol Services, and County Medical Services Program fund centers. As a result, there are a number of staffing changes. The changes to Public Health's position allocation is as follows:

- Eliminate a 0.5 Accounting Technician that supported the Clinical Laboratory. The Clinical Laboratory was closed as of 3/31/2006.

- Add a 1.0 Accounting Technician to support MediCal Administrative Activity (per budget augmentation noted above).
- Eliminate 1.0 limited term Department Automation Specialist position due to reduced Bioterrorism funding.
- Eliminate 2.0 Public Health Nurse positions in the Family Services division due to reduced grant funding.
- Eliminate a 0.5 Social Worker II position in the Family Services division due to reduced grant funding.
- Eliminate a 1.0 Community Health nurse position in the Children's Health and Disability Prevention division due to reduced grant funding.
- Add a 1.0 Environmental Health Specialist to support the Certified Unified Program Agency (per budget augmentation noted above)
- Change a limited term 0.5 Administrative Services Officer position to a 1.0 limited term position to support MediCal Administrative Activity and Bioterrorism program reporting (per budget augmentation noted above).
- Change a Patient Services Representative position in the AIDS division from 0.5 to 1.0 in order to reflect the actual hours worked.
- Add a 0.25 Physical and Occupational Therapist position to the CCS division in order to serve as a liaison to County schools (per budget augmentation noted above).
- Change a 0.5 Public Health Nutritionist position to 0.75 and add a 0.25 Public Health Nutritionist position. These changes are proposed in order to replace an equivalent amount of temporary help that will no longer be utilized because the work is of an ongoing nature.
- Add a 0.5 Public Health Nurse position to support the Children's Assessment Center (per budget augmentation noted above).
- Add a 0.5 Senior Public Health Nurse position to support the Children's Assessment Center (per budget augmentation noted above).
- Add a 1.0 Deputy Director position per the Health Agency reorganization.
- A limited term 1.0 Aids Program Coordinator position has been changed to a limited term 1.0 Program Coordinator I position per the Health Agency reorganization.
- A 1.0 Director of Health Promotion Services position has been changed to a 1.0 Program Coordinator II position per the Health Agency reorganization.
- A 1.0 Director of Public Health Nursing position has been changed to a 1.0 Division Manager position per the Health Agency reorganization.
- A 1.0 Director of Environmental Health position has been changed to a 1.0 Division Manager position per the Health Agency reorganization.
- A 1.0 Health Agency Administrator III position has been changed to a Division Manager position per the Health Agency reorganization.
- A 1.0 Health Agency Administrator III position has been changed to an Administrative Services Manager position per the Health Agency reorganization.
- A 1.0 Health Agency Administrator I position has been changed to a Program Coordinator II position per the Health Agency reorganization.

- A 1.0 Administrative Assistant III position has been changed to a 1.0 Department Personnel Technician position per the Health Agency reorganization.

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.

Communitywide Result Link: Healthy Community.

1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 people.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
0	*2	**3	0.7	1	1	1

What: Regardless of the level of monitoring of retail food facilities, foodborne disease outbreaks will occur. A foodborne outbreak is usually defined as "the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source."

Why: It is critical that the Public Health Department respond to foodborne disease outbreaks in order to identify the cause and, if possible, prevent it from reoccurring. Investigating and controlling foodborne disease outbreaks minimizes the number of people affected and in this way maintains a healthy community.

How are we doing? There has been one reported foodborne disease outbreak for FY 2005/06 (as of 11/30/2005) in San Luis Obispo County. This outbreak originated in a commercial restaurant and had two known victims. However, the outbreak was associated with a histamine release in the fish normally associated with food handling during packaging, so the restaurant itself was not to blame for the illness. The product was pulled immediately from the restaurant, preventing further illness in the community. This one case so far translates into 0.4 cases per 100,000 population (assuming 283,400 population in San Luis Obispo County, based on the 2004 California Department of Finance population estimates), which is well under the FY 2005/06 adopted target. The investigation of outbreaks gives the Health Department invaluable practice in outbreak investigation and management, thus better preparing us for other public health emergencies. Benchmark data are not available.

* In FY 2002/03, there were two identified retail foodborne disease outbreaks. This was inadvertently reported as two cases rather than being translated into the number of outbreaks per 100,000 population, which would have been a rate of 0.8.
** In FY 2003/04, there were three identified retail foodborne disease outbreaks. This was inadvertently reported as three cases rather than being translated into the number of outbreaks per 100,000 population, which would have been a rate of 1.1.

2. Performance Measure: Cost per visit for childhood immunization.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
New Measure	$ 44.00/ visit	$ 56.38/visit	$ 29.73/ visit	$ 31.00/ visit	$ 40.72/ visit	$ 41.00/ visit

What: Measures the cost to immunize a child at County clinics per visit. Does not include flu clinic and vaccinations for persons traveling overseas. Cost is direct division cost, minus revenue.

Why: To monitor delivery efficiency of this important and heavily utilized service and improve access to the citizens. Centers for Disease Control (CDC) information states that for every dollar spent on immunizations the following is saved in future medical costs: measles, mumps, rubella (MMR) - $16.34, diphtheria, pertussis, tetanus (DPT) - $6.21, Chickenpox - $5.40.

How are we doing? Projected cost per visit for Fiscal Year 2005/06 (based on 1st quarter results) are higher than our adopted target. (Data from 1st quarter analysis this year is more accurate than data last Fiscal Year, due to revenue being mixed between internal orders.) Costs per hour have increased this Fiscal Year by 18%, part of which are due to Cola, equity adjustments and internal changes made in tracking charges related to childhood and travel immunizations. This performance measure is limited to cost per visit for childhood immunization. In FY 2004/05, we recorded 2,289 visits for childhood immunizations. We expect to see 2,031 children in FY 05/06, which is slightly less due to more children being seen by community pediatricians. Benchmark data are unavailable.

3. Performance Measure: Percentage of low birth-weight infants.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
5.0%	5.1%	5.5%	*5.5%	5.0%	5.9%	5.9%

What: Measure the percentage of live born infants (averaged over a three-year time period) who weigh less than 2,500 grams (five and three-quarters pounds) at birth and are born to residents of our county.

Why: Low birth-weight impacts the infant's survival and future development. Several Family Health Services programs strive to decrease teen pregnancy, enhance nutrition, decrease tobacco use, decrease alcohol use and encourage early entrance into prenatal care in order to improve mothers' health and decrease infant low-birth rate.

How are we doing? Per the 2005 County Health Status Profiles, the 2001-2003 results show the percentage of low birth-weight infants among San Luis Obispo County residents was 5.5 (with 95% confidence limits of 4.5 to 6.4). Our results were better than the California rate of 6.4, and also better than the rates of four of our benchmark counties (Santa Cruz – 5.2, Napa – 5.4, Placer – 5.5, Monterey – 5.8, Ventura – 6.1, Santa Barbara – 6.4, and Kern - 6.6). Based on preliminary data from local birth certificates, in combination with data provided by the State, we believe that our FY 2005/06 results will be 5.9%, which is higher that our adopted target. Even though we do not anticipate meeting our target of 5.0%, which is the Healthy People 2010 national target, we believe that our public health programs are contributing to our relatively low percentage of low birth-weight infants.

* FY 2004-05 Actual Results are the most recent data available (i.e., the average percentage of low birth-weight infants for Calendar Year 2001-2003).

4. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
82.6%	82.9%	81%	*82.4%	85%	83%	85%

What: Percentage of pregnant live born infants whose mothers received prenatal care in the first trimester of pregnancy.

Why: Early, high quality prenatal care reduces the incidence of morbidity and mortality for both mother and infant.

How are we doing? Per the 2005 County Health Status Profiles, the 2001-2003 results show the percentage of live born infants whose mother received prenatal care in the first trimester among San Luis Obispo County residents was 82.4 (with 95% confidence limits of 80.7 to 84.1). This is lower compared to the California percentage of 86.4 and our FY 2005/2006 target of 85%. We did not meet our 04-05 target, but we have steadily climbed each year and continue to work towards meeting the projected goal of 85%. The results for our benchmark counties are: Santa Cruz – 91.1, Ventura – 90.5, Placer – 89.2, Kern – 83.9, Monterey – 83.8, Santa Barbara – 80.8, and Napa – 77.8. Based on feedback from some health care providers and low-income pregnant women, one of the key issues that appear to be impacting this performance measure is reduced access to medical care. Transportation is also an issue for many in our very rural areas of the county, where much of our growth is happening. This may increase with improved access due to CHC safety net contract.

* FY 2004-05 Actual Results are the most recent data available (i.e., the average percentage of live born infants whose mother received prenatal care in the first trimester for Calendar Year 2001-2003).

Department Goal: Promote and encourage healthy behaviors.

Communitywide Result Link: A Healthy Community

5. Performance Measure: Birth rate of adolescent females, ages 15 to 17, per 1,000 population.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
11.6	13.4	13.0	10.6	12.0	11.0	11.0

What: This represents the rate of births per 1,000 population for female teens between 15 and 17 years old.

Why: The rate of teen births in our county is a direct predictor of future health, social and economic status. The age range of 15 to 17 year olds is a critical one and a direct indicator of future high-risk families.

How are we doing? Based on teen birth data for this year (through 11/28/05), it appears we will meet our adopted goal of 12 births/1,000 teens 15-17 years old in calendar year 2005.* Our teen birth rate of 10.6 per 1,000 15-17 yr old females in 2004 is lower than the adopted FY 2004-05 goal of 12.5 and the FY 2003-04 Actual Results. San Luis Obispo County ranked 2nd out of our comparison county's in 2004: Placer 5.5, SLO 10.5, Napa 13.6, Santa Cruz 20.5, Santa Barbara 26.3, Monterey 29.8, and Kern 36.3. One reason for Placer County having better rates could be that their Hispanic teens in this age category make up only 11.7% of their population, where as in SLO County Hispanic teens are double at 23.4%. Teen birth rates of those with Hispanic origin are 70.4/1,000 females versus 18.4/1,000 for Non-Hispanic whites. The teen birth rate in our county has been on a downward trend. *State data is annual data

6. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants & Children (WIC) Program.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
97%	97.2%	97%	97.3%	97%	98%	98%

What: Measures the provision of supplemental foods, nutrition education and linkages to good health care for eligible women, infants and children.

Why: Reduces the complications of pregnancy; reduces iron deficiency anemia in women, infants and children; decreases the incidence of low birth-weight infants and promotes optimum growth and development of infants and young children.

How are we doing? In San Luis Obispo County, the FY 2004-05 average monthly WIC Participation was 4,303. The San Luis Obispo County WIC Program received a caseload allocation increase effective April 1, 2005, of 100. The current WIC Program allocation is 4,500 and the average monthly WIC participation for FY 2004-05 was 97.3%. Between July and October 2005, average monthly WIC participation was 98.8%. Projected results for FY 2005-06 are 98%, which exceeds the adopted target of 97%. Since 1997, the San Luis Obispo County WIC Program's monthly-allocated caseload has grown by 31.4% (from 3,425 to 4,500). Even though the monthly-allocated caseload has grown throughout the State, the WIC Programs for both San Luis Obispo County and each of our benchmark counties have successfully maintained monthly participation to meet caseload in accordance with State mandates. The State mandates that local agencies serve 97-100% of their monthly caseload allocation.

7. Performance Measure: HIV positive antibody test rate among community residents per 100,000 population.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
2.4	3.2	2.1	2.5	2.8	3.2	3.2

What: Positive Human Immunodeficiency Virus (HIV) antibody test rate (per 100,000 population) in the Public Health Lab from specimens submitted from HIV test sites in the community and in the Public Health Department, but not those who are institutionalized.

Why: The rate of HIV positive antibody tests in the population may be a reflection of the increased availability of testing services and the increased efforts to get people to test that are at high risk for contracting HIV.

How are we doing? During the first four months of FY 2005/06, there were 6 HIV positive cases that were tested in the Public Health lab (excluding those from institutions). We do not expect this trend to continue for the rest of the year. We anticipate 9 cases for the year, or a rate of 3.2 cases per 100,000 population (assuming 283,400 population in San Luis Obispo County, based on the 2004 California Department of Finance population estimates). This would be higher than our adopted target of 2.8. The higher rate could be the result of the outreach efforts to encourage individuals to get tested and the implementation of the 20-minute rapid oral test. During FY 2004/05, there were 7 HIV positive cases, which translates into 2.5 cases per 100,000 population. Two of these 7 cases were not residents of San Luis Obispo County. Comparable benchmark data are not available.

8. Performance Measure: Youth smoking rate (proportion of youth in 11th grade who have smoked cigarettes within the past 30 days).

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
22%	22%	19%	*19%	18%	18%	17%

What: The proportion of youth in the 11th grade who have smoked cigarettes within the past 30 days, based on the county schools survey done biannually.

Why: Among young people, the short-term health consequences of smoking include respiratory and non-respiratory effects, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Teens who smoke are three times more likely to use alcohol, eight times more likely to use marijuana and 22 times more likely to use cocaine.

How are we doing? The most recent youth smoking rate data are from the San Luis Obispo County Fall 2003 Healthy Kids Survey. The results indicate a youth (11th grade) smoking rate of 19%, a decrease from 22% in Fall 2001. This was a lower rate compared to our FY 2003/04 target of 21.9% and our FY 2004/05 target of 20%. New Healthy Kids data for San Luis Obispo County will be released in the spring of 2006. We requested data from our benchmark counties for the Healthy Kids surveys. Kern County reported 15%, Monterey County reported 13% (for FY 2002-03 and FY 2003-04), Santa Barbara County reported 16% (released in the Fall of 2004), and Santa Cruz County reported 18% (for 2004) The other benchmark counties did not have comparable data (Napa only had data for two school districts and Placer reported 61%; however, the rate for Placer reflects a very small sample size of alternative high schools only. The most recent California Student Tobacco Survey data for 11th graders showed a statewide percentage rate of 13.2%. This survey provided only regional (multi-county) data. The national Youth Risk Behavior Survey results were 24% in 2003, a decline from 30% in 2001. No national data for 2004 is currently available.
* The FY 2004/05 Actual Results are from a survey in Fall 2003 (the most recent data available).

9. Performance Measure: Adult smoking rates.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
*16.3%	**13.4%	**13.4%	***16.0%	12.5%	16.0%	15.5%

What: The proportion of adults who smoke based on the California Health Interview Survey (CHIS), which is completed bi-annually. *Note: Replaced Action for Healthy Communities survey with California Health Interview Survey, which is being completed every 2 years and has benchmark data for each county and the State. Both surveys utilized random telephone surveys. In the 2003 Action for Health Communities Survey, 500 San Luis Obispo County residents were contacted and the 95% confidence interval for the results was approximately +/- 4.5%. In the 2003 California Health Interview Survey, 506 San Luis Obispo County residents were contacted and the 95% confidence interval for the results was approximately +/- 4.1%.*

Why: The Centers for Disease Control reports that, in addition to the well known association with lung cancer, cigarette smoking also increases the risk for heart disease and stroke. On average, someone who smokes a pack or more of cigarettes per day lives seven years less than someone who never smoked.

How are we doing? The results of the most recent (2003) California Health Interview Survey (CHIS) showed slightly different results compared to the local Action for Healthy Communities survey, which is to be expected with different samples. Per the 2003 CHIS, the percentage of adults who were current smokers were: California – 16.5%, San Luis Obispo County – 16.0% (95% confidence interval = 11.9 – 20.1), Kern County – 22.4%, Monterey / San Benito County – 16.5%, Placer County – 15.4%, Napa County – 14.5%, Santa Barbara County – 14.3, Santa Cruz County – 13.8, and Ventura County – 13.4. Because of the relatively wide confidence intervals (plus or minus 3-4% for each of the benchmark counties), variations in the county CHIS results from 2001 to 2003, and differences among benchmark counties may be due to "chance" rather than a true difference in actual smoking rates. The national smoking prevalence in 2004 was 20.9% (per the Behavioral Risk Factor Surveillance System). The 2005 California Health Interview Survey began data collection in July 2005 and results will be available beginning in mid-2006.

* The results for FY 2000-01 and FY 2001/02 were from the 1999 and 2001 Action for Healthy Communities Survey, respectively
** The results for FY 2002/03 and FY 2003/04 were from the 2003 Action for Healthy Communities Survey
*** The FY 2004/05 Actual Results are from the 2003 California Health Interview Survey (CHIS) (the most recent data available).

Department Goal: Protect against environmental hazards.

Communitywide Result Link: Safe and a healthy community.

10. Performance Measure: Percentage of compliance with State or Federal bacteriological drinking water standards.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
95.2%	95.2%	95.3%	95.3%	96%	95.3%	96%

What: San Luis Obispo County regulates approximately 166 small water systems with 5 to 199 connections. These supply water to approximately 20% of our county. Water samples are tested for total coliform bacteria. If the test is positive, further testing is done for E. coli from the same sample.

Why: Coliform bacteria are indicator organisms used to determine if water systems are contaminated by organic sources such as animal feces. Water systems contaminated with fecal material can cause diseases such as typhoid fever, cholera, shigella and cryptosporidiosis. By performing routine inspections on water systems and requiring repairs and improvements to water systems that repeatedly fail bacteriologic standards, we will improve the healthfulness of the drinking water supply and reduce the incidence of samples that fail bacteriological water tests.

How are we doing? During FY 2004/05, 1,824 routine water samples were taken and 1,738 passed. This represents a compliance rate of 95.3%, which is 0.7% lower than our adopted target of 96%. When a sample fails, the water system operator is notified immediately and instructed on how he can resolve the problem. Follow up samples are taken until they pass. Eventually, all water systems must pass bacteriological drinking water standards. The 93.7% compliance rate for the first quarter of FY 05-06 is approximately 2% lower than previous years due to recurrent problems with a few systems. It is anticipated that the successful resolution of these issues will bring our compliance rate within our target range. Benchmark data are not available.

Department Goal: Promote accessible, appropriate and responsive health services to all members of the community.

Communitywide Result Link: A Healthy Community

11. Performance Measure: Number of children enrolled in the Healthy Families (HF) Program and Healthy Kids (HK) Program of the Children's Health Initiative

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
HF: 3,378 HK: N/A	3,833 N/A	3,824 N/A	*4,331 N/A	4,600 N/A	4,764 500	5,000 **750

What: The number of children actively enrolled in the Healthy Families Program.

Why: Healthy Families Program offers more low-income families access to low-cost health coverage for children at or below the 250% poverty level. We have initiated the Children's Health Initiative to cover children below 300% poverty who are ineligible for Healthy Families or Medi-Cal.

How are we doing? In San Luis Obispo County, the number of children enrolled in the Healthy Families Program (as of June 2005) is 4,331, which is a 13% increase from the 3,824 enrolled in June 2004. We project the increase during the next year to be closer to 10% (4,764 as of June 2006). Our enrollment has increased by 110% in the past 4 years (from 2,063 in June 2000 to 4,331 in June 2005). The results for FY 2004/05 are lower than our targeted result of 4,600. Probable reasons for the slower than anticipated enrollment include: (1) In January 2004, the State changed the agency that processed applications. The new agency is taking longer on the renewal process that some families are being dis-enrolled before the application is processed. (2) Some clients are no longer eligible due to age or income changes. (3) Some clients did not reapply for unknown reasons. The enrollment for our benchmark counties (as of June 2005) was: Napa – 2,175, Placer – 3,106, Santa Cruz – 4,777, Santa Barbara – 8,598, Monterey – 14,804, and Kern 20,155. Note that enrollment numbers vary based on the county population and the percentage of children who qualify for the program based on family income. The 2004/05 Children's Health Initiative includes provisions to reduce barriers to Healthy Families and Medi-Cal applications for children. The Children's Health Initiative/Healthy Kids is a new program. As of December 1, 2005, 372 children have been enrolled in the program. Of those enrolled, 104 are age 0-5 and 268 are age 6-18.

* The Healthy Families Program Enrollment data for FY 2004/05 Actual Results of 4,222 (April 2005) has been updated to 4,331 (June 2005), since results from each prior year are from end of Fiscal Year (June).
** Numbers are limited by funding for age 6-18.

12. Performance Measure: Percentage of pregnant and parenting women with positive drug and alcohol screen or admitted substance abuse who are enrolled in Public Health Nursing Case Management Services and receiving follow-up.

01-02 Actual Results	02-03 Actual Results	03-04 Actual Results	04-05 Actual Results	05-06 Adopted	05-06 Projected Results	06-07 Target
91.3%	80.2%	73.1%	85%	75%	75%	75%

What: Public Health Nursing receives referrals on substance abusing pregnant/parenting women who tested positive for drugs or admit alcohol/ substance use, including smoking. The number and percentages of these women that we enroll and provide services for is tracked.

Why: The percentage is a measure of how well the program reaches and enrolls this very high-risk target population. Alcohol, drugs or smoking during pregnancy can substantially affect newborn health and increase the healthcare costs associated with the newborn.

How are we doing? The number of referrals to this program increased 104% in one year, from 219 in FY 2003/04 to 446 in FY 2004/5. Based on preliminary data for FY 2005-06, we project that our results for this Fiscal Year will be 75%. Of the 446 referrals in FY 2004/05, 379 (85%) were enrolled in Public Health Nursing Case Management Services and received follow-up, which is lower than our target of 92%, but much higher than our results for last year (73%). The primary reasons for not enrolling in the program included: refused Public Health Nurse intervention efforts (62%), were unable to be located (25%), or moved out of the county (12%). The significant increase in referrals to our program is likely due to the increased awareness and screening in our community. More than 800 professionals attended Dr. Ira Chasnoff's lectures regarding prenatal substance abuse in September 2003 and March 2004. Dr. Chasnoff is from the Children's Research Triangle, Chicago, Illinois. His visits have been funded by the Children's Services Network and the First Five Commission. Fourteen of our obstetrics providers and our four CHCCC clinics are currently using the "4 P's Plus" Perinatal Substance Abuse Screening and Referral program in San Luis Obispo County; only two of our providers are not using this program. The Perinatal Substance Abuse Prevention Coalition and Leadership Group have been working with human service providers and obstetrics providers to increase awareness, detection and prevention of perinatal substance abuse. Benchmark data are not available.